Form 83-105-04-8-1-000 (Rev. 11/04)

Mississippi

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Preparer Phone

Corporate Income and Franchise Tax Return Page 1 For Fiscal Year Beginning and Ending FEIN Name of Corporation Mailing Address (PO Box or Street Including Rural Route) City County Code (See Instructions) Check All That Apply: Final Return Short Year Return Address Change 100% Mississippi Multistate Direct Accounting Multistate Apportioning Check One: IRS Business Activity Code Number 1. Taxable Capital (From Form 83-110, Line 18) 2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25. 2 3. If this corporation is included in a Mississippi Combined Income Tax Return, enter Name and FEIN of the Reporting corporation below: Name Round All Amounts to the Nearest Dollar Mississippi Net Taxable Income (If Loss enter Zero.) (From Form 83-122, Line 19 or Form 83-310, Column C, Line 3) 5. 5. Total Income Tax (See Instructions) 6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A or Form 83-310, 6a. **22** Column B, Line 3a) 6b. Other Credits (From Form 83-401. Enter Credit Code and amount.) 6b. 7. Balance of Income Tax Due. (Line 5 Minus Line 6a and Line 6b) 7. 8. Total Franchise and Income Tax Due. (Line 2 Plus Line 7) 8. 9. Interest and Penalty on Underestimated Income Tax Payments. 9. **26** (Attach Form 83-305) 10. Total of Lines 8 and 9. 10. 11. Overpayments from Prior Year. 11. 12. Estimated Tax Payments and Payment with Extension. 12 13. Total Payments (Line 11 plus Line 12) 13. 14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13). 15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month 15. **29** (See Instructions) 16. Amount Paid with this Return. (Line 14 plus Line 15) **AMOUNT PAID** 16. **31** Make Payable to: State Tax Commission. 17. If Line 13 is Larger than Line 10, Enter Amount of **OVERPAYMENT** 17. **REFUND** 18. Amount of Overpayment (Line 17) to be Refunded. 18. **33** 19. Amount of Overpayment (Line 17) to be Credited to Next Year. 19. **34** This return may be discussed with the preparer: No Yes I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. Officer Signature and Title Date Tax Department Phone Paid Preparer Signature Date Paid Preparer Address Paid Firm Identification Number Paid Preparer Social Security Number or PTIN

Form 83-105-04-8-2-000 (Rev. 11/04)

Mississippi Corporate Income and Franchise Tax Return 2004

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Corporate Information	200.							
1. DBA								
3. Principal business activity in Mississippi.	4. Principal business activity ever	cipal business activity everywhere.						
5. Principal product or service in Mississippi.	· ·	Principal product or service everywhere.						
7. Contact person for this return.	Contact person location and pl	nd phone.						
If final retum, check reason and enter date effective	: Date							
Dissolving Mississippi Corporation With Other:	hdrawing Non-Mississippi Corporation from State	; ; Solo	d MS Assets	∷ Me	rged			
If you checked Sold or Merged, provide the following New company or owner's name and address		FFIN						
Former owner's forwarding address		1 110116						
		Phone	()					
Oa. Is this corporation a partner/member in a partners If Yes, attach Mississippi Form K-1(s).		::: Yes	: . :	No				
Ob. Is this corporation the owner/member of a single in		;;; Yes	:::	No				
Has the corporation filed amended federal returns If Yes, list years.		Yes	:::	No				
Has the IRS made any changes to your taxable in If Yes, list years.		Yes	:::	No				
 If Line 11 and/or Line 12 was checked "Yes", has which amended Federal retum(s) were filed or ch 	the corporation filed Mississippi amended returns for langes to taxable income were made by the IRS?	r all years for	;;; Yes	:::	No			
Did this corporation file any prior year return in who but did not make the appropriate adjustments to be	nich it claimed 30% or 50% special federal depreciationack out such depreciation in determining its income	on allowance to this state?	Yes		No			
List of Officers - This schedule MUST be complete								
President: Name and Home Address	Social Security Number		Ownership%	1 1				
		Salary		# i	ii			
Vice President: Name and Home Address	Social Security Number		Ownership%					
		Salary		••••••	· · · · · · · · · · · · · · · · · · ·			
Treasurer: Name and Home Address	Social Security Number		Ownership%		. j j. 			
		Salary		:	:: ::			
Secretary: Name and Home Address	Social Security Number	1	Ownership%					
		Color		. j • j				
		Salary		:	: :			